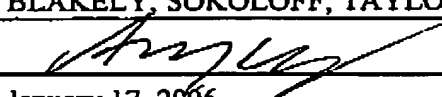



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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	10/688,484
		Filing Date	October 16, 2003
		First Named Inventor	Larry D. Partain
		Art Unit	2878
		Examiner Name	Ko, Tony
Total Number of Pages in This Submission	25	Attorney Docket Number	5513P016

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/PQA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.63	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Remarks <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Angelo J. Gaz, Reg. No. 45,907 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	January 17, 2006

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
Typed or printed name	Nedy Calderon		
Signature		Date	January 17, 2006

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wfr) 11/30/2005.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

JAN 17 2006

**FEE TRANSMITTAL
for FY 2005***Patent fees are subject to annual revision.*☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

Application Number	10/688,484
Filing Date	October 16, 2003
First Named Inventor	Larry D. Partain
Examiner Name	Ko, Tony
Art Unit	2878
Attorney Docket No.	5513P016

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.☒ Credit any overpayments**FEE CALCULATION****1. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
81	0	50.00	\$0.00
Independent Claims			
3	0	200.00	\$0.00
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	
1202 60	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 360	2203 180	Multiple Dependent claim, if not paid
1204 720	2204 365	**Reissue independent claims over original patent
1205 300	2205 160	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (1) (\$) 0.00

**or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES


Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	
1051 130	2051 65	Surcharge - late filing fee or cash
1052 80	2052 25	Surcharge - late provisional filing fee or cover sheet
2053 130	2053 130	Non-English specification
1251 120	2251 60	Extension for reply within first month
1252 450	2252 225	Extension for reply within second month
1253 1,020	2253 510	Extension for reply within third month
1254 1,590	2254 765	Extension for reply within fourth month
1255 2,160	2255 1,080	Extension for reply within fifth month
1401 500	2401 250	Notice of Appeal
1402 500	2402 250	Filing a brief in support of an appeal
1403 1,000	2403 500	Request for oral hearing
1451 1,510	2451 1,510	Petition to institute a public use proceeding
1460 130	2460 130	Petitions to the Commissioner
1807 80	1807 80	Processing fee under 37 CFR 1.17(g)
1808 180	1808 180	Submission of Information Disclosure Stmt
1809 760	1809 385	Filing a submission after final rejection (37 CFR § 1.120(a))
1810 790	2810 395	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

SUBTOTAL (2)

(\$)

SUBMITTED BY**Complete (if applicable)**

Name (Print/Type)	Angelo J. Gaz	Registration No. (Attorney/Agent)	45,907	Telephone	(310) 207-3800
Signature				Date	01/17/06

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 12/15/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.**TOTAL AMOUNT OF PAYMENT** (\$) 0.00**Complete if Known**

Application Number	10/688,484
Filing Date	October 16, 2003
First Named Inventor	Larry D. Partain
Examiner Name	Ko, Tony
Art Unit	2878
Attorney Docket No.	5513P016

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☒ Credit any overpayments

FEE CALCULATION**1. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fees from below	Fees Paid
81	0	50.00	\$0.00
3	0	200.00	\$0.00
Multiple Dependent			
Large Entity	Small Entity		
Fee Code	Fee Code	Fee Description	
1202 50	2202 25	Claims in excess of 20	
1201 200	2201 100	Independent claims in excess of 3	
1203 300	2203 100	Multiple Dependent claim, if not paid	
1204 750	2204 300	*Reissue independent claims over original patent	
1205 200	2205 150	*Reissue claims in excess of 20 and over original patent	
SUBTOTAL (1)		(5) 0.00	

*or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fees Paid
Fee Code	Fee Code		
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 80	2052 25	Surcharge - late provisional filing fee or cover sheet	
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1253 1,020	2253 510	Extension for reply within third month	
1254 1,680	2254 795	Extension for reply within fourth month	
1255 2,160	2255 1,080	Extension for reply within fifth month	
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1403 1,000	2403 500	Request for oral hearing	
1451 1,510	2451 1,510	Petition to institute a pseudo use proceeding	
1450 130	2450 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(e)	
1808 180	1808 180	Submission of Information Disclosure Stmt.	
1809 750	1809 395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 750	2810 395	For each additional invention to be examined (37 CFR § 1.129(b))	

Other fee (specify)

SUBTOTAL (2)

(5)

SUBMITTED BY

Name (Print/Type)	Angelo J. Gaz	Registration No. (Attorney/Agent)	45,907	Telephone	(310) 207-3800
Signature		Date	01/17/06		

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/1) 12/16/2004.
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**REPLY UNDER 37 CFR 1.116
EXPEDITED PROCEDURE
TECHNOLOGY CENTER 2878
Docket No. 5513P016**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Larry D. Partain, et al.

Application No.: 10/688,484

Filed: October 16, 2003

**For: METHOD AND APPARATUS FOR
EXCESS SIGNAL CORRECTION IN
AN IMAGER**

Examiner: Ko, Tony

Art Unit: 2878

Confirmation No.: 2189

AMENDMENT AND RESPONSE TO FINAL OFFICE ACTION

**Mail Stop AF
Commissioner for Patents
P. O. 1450
Alexandria, VA 22313-1450**

Dear Sir:

In response to the Final Office Action mailed October 24, 2005, please amend the above-identified patent application as follows and consider the following remarks.

**REPLY UNDER 37 CFR 1.116
EXPDEDITED PROCEDURE
TECHNOLOGY CENTER 2878
Docket No. 5513P016**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Larry D. Partain, et al.

Application No.: 10/688,484

Filed: October 16, 2003

**For: METHOD AND APPARATUS FOR
EXCESS SIGNAL CORRECTION IN
AN IMAGER**

Examiner: Ko, Tony

Art Unit: 2878

Confirmation No.: 2189

AMENDMENT AND RESPONSE TO FINAL OFFICE ACTION

**Mail Stop AF
Commissioner for Patents
P. O. 1450
Alexandria, VA 22313-1450**

Dear Sir:

**In response to the Final Office Action mailed October 24, 2005, please amend the
above-identified patent application as follows and consider the following remarks.**